

21 November 1985 (21.11.85)

#### INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 4:

(11) International Publication Number: WO 85/05034

A1 (43) International Publication Publication Patent

(21) International Application Number:

PCT/GB85/00183

(22) International Filing Date:

29 April 1985 (29.04.85)

(31) Priority Application Number:

71683

(32) Priority Date:

27 April 1984 (27.04.84)

(33) Priority Country:

IL

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(81) Designated States: AT (European patent), AU, BE (European patent), CH (European patent), DE (European patent), FR (European patent), GB (European patent), IT (European patent), JP, LU (European patent), NL (European patent), SE (European patent), US.

**Published** 

With international search report.

(43) International Publication Date:

(54) Title: COMPOSITIONS FOR THE ALLEVATION, TREATMENT AND DIAGNOSIS OF ARTHRITIC DISEASE AND RELATED CONDITIONS

#### (57) Abstract

The invention provides pharmaceutical compositions for the alleviation of arthritic diseases. These contain as active ingredient mycobacteria or fractions of these, e.g. obtained by fractionation in certain solvents. The compositions can also be used for vaccinations. There is also provided an assay for the diagnosis of arthritic diseases, and a kit for carrying such an assay.

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## COMPOSITIONS FOR THE ALLEVIATION, TREATMENT AND DIAGNOSIS OF ARTHRITIC DISEASE AND RELATED CONDITIONS

The invention relates to preparations for preventing various arthritic afflictions, for alleviating symptoms of arthritic diseases and of other autoimmune diseases, and for their diagnosis.

The novel preparations are based on certain mycobacteria or on certain fractions obtained from mycobacteria. There were also developed certain clones of T-lymphocytes which can be used for diagnostic and therapeutic purposes.

#### Background of the Invention:

- 10 Millions of persons are afflicted with chronic forms of arthritis which are thought to involve autoimmunity to constituents of the joints or connecting tissues of the These conditions include rheumatoid arthritis. ankylosing spondylitis, Reiter's syndrome and other forms of reactive arthritis. The etiology of these diseases is not known, but previous infection with various microbes seems to act as an inciting circumstance in genetically susceptible individuals. For example, patients with rheumatoid arthritis may show unusual immune reactivity to mycobacterial antigens 20 and immunization with the BCG strain of mycobacteria was found to lead to arthritis in 15 of 150 individuals. Ankylosing spondylitis has been associated with infection by Klebsiella or Yersinia species of bacteria and other cases of arthritis by Salmonella, Snigella, etc. There is no 25 evidence of active infection of joints by these microbes in the vast majority of cases and it has been postulated that microbial infection may trigger an aberrant, autoimmune response of the individual against his own antigens present in the joints.
- Adjuvant arthritis (AA) is an experimental model of arthritis inducible by immunizing susceptible strains of rats to <a href="Mycobacteria">Mycobacteria</a>. The disease which develops about 12 days after immunization has many of

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the features of rheumatiod arthritis and AA has been considered to be a model of rheumatoic arthritis.

#### Summary of the Invention

There are provided pharmaceutical preparations for the diagnosis, for the vaccination against, and for the treatment of various autoimmune diseases and especially of arthritic conditions. There exists a family of chronic arthritic conditions such as rheumatoid arthritis, ankylosing spondylitis or Reiter's syndrome which are thought to arise from autoimmune processes in which the joints and other tissues are damaged by the immune system of the patient.

10 The triggering factors are unknown but it is believed that the infection with certain microbial agents may be important.

Adjuvant arthritis is considered to be an experimental model of autoimmune arthritis inducible in strains of rats by immunizing them to mycobacterial antigens.

15 According to the present invention there are provided pharmaceutical preparations based on certain mycobacteria and on fractions derived from such mycobacteria.

We have found that various types of mycobacteria, such as

Mycobacteria H-37 RA, M. kansasii, M. vaccae, and similar strains may

20 be used as such or fractionated by the use of certain solvents to give
a precipitate and a water soluble fraction, which latter is suitable
for various vaccinations and curative purposes.

Mycobacteria H-37 can be fractionated by the use of an aqueous solution of acetone (66% acetone in water). There is obtained a 25 precipitate (AP) fraction and an acetone soluble (AS) fraction.

The immune response to the AS fraction leads to resistance to adjuvant arthritis; clones of lymphocytes that respond to AS, upon

inoculation into naive rats, protect these against subsequent induction of adjuvant arthritis. Inoculation of such clones of lymphocytes into rats suffering from adjuvant arthritis markedly hastens their recovery from the arthritis.

It has been found that clones of T-lymphocytes which cause adjuvant arthritis respond (proliferate) to the AP fraction, but not to the AS fraction.

The SP and the AS fractions are immunologically cross-reactive with proteoglycans of normal joint cartilage, and therefore adjuvant

10 arthritis can be explained as a noxious autoimmune response to AP cross-reactive antigens of proteoglycans. Protection against adjuvant arthritis can be associated with a protective, or disease suppressive response to the AS cross-reactive antigens of proteoglycans.

Diagnostic tests for autoimmune arthritis and similar autoimmune

15 diseases can be based on the different immune reactivity of the tested
persons to be AS and the AP fractions of mycobacteria and other

bacteria associated with arthritis, or to the AS and AP cross-reactive
antigens of proteoglycans. Immunization of patients to AS fractions of
mycobacteria and other bacteria associated with arthritic conditions,

20 or to AS cross-reactive antigens or proteoglycans can be used for the prevention of autoimmune arthritis and for the treatment of arthritic diseases.

It has been discovered that certain lines and clones of
T-lymphocytes selected for their reactivity to mycobacteria can be used
25 for producing arthritis upon inoculation into irradiated rats.

One line, designated as A2 was found to induce arthritis upon intravenous injection into irradiated rats. The same line, A2 is effective in vaccinating unirradiated rats against subsequent AA induced by active immunization to Mycopacteria.

Cell line A2 has been cloned and there were obtained two distinct clones, designated as A2D and A2c, respectively. A2b causes arthritis but does not vaccinate against it; clone A2c does not cause arthritis but vaccinates against it (see Table 1).

In addition to preventing arthritis, clone A2 can be used to treat

AA. Figure I snows the result of an experiment in which rats suffering

from AA were inoculated twice (on days 16 and 17 after the induction of

disease) with clone A2c, or with a central, irrelevant clone of

T-lymphocyte. The rats inoculated with clone A2c went into rapid

remission. Six months later the A2c treated rats had normal joints

while the control rats had ankylosis and deformities of the paws.

Thus, clones A2b and A2c can be used to identify antigens associated with arthritogenicity or with suppression of arthritogenicity. Both clones respond to whole mycopacteria.

15 Clone A2b responds to the AP fraction but not to the AS fraction defined above; protective clone A2c responds to AS and only slightly tp AP. Both A2b and A2c respond to cartilage proteoglycan, see Table 2.

Results presented in Table 3 demonstrate that anti-AP and anti-AS

20 antisera recognize cross-reactive antigens in cartilage. AP and AS
induce different classes of antibodies, IgG and IgM, respectively,
which indicates that these fractions induce functionally different
responses. IgG is associated with AP and arthritogenicity while IgM is
associated with AS and suppression of arthritogenicity.

25 Rats were immunized with Mycobacteria, with water, and with AS in oil, see Table 4. The mycobacteria inocculated rats developed AA as expected, while the water and AS inoculated rats did not. After 35 days the rats were challenged with mycobacteria in oil to induce active

AA. Rats that had suffered primary AA were resistant to a second bout; those inoculated with water only were susceptible to AA, whereas the AS inoculated rats were totally resistant to AA. Thus, the As fraction is arthritis suppressive, while not being arthritogenic. Moreover, AS can be used to activate cells of the A2 line to provide treatment of AA after its onset. (Figure 2). The effective dosage varies, it is generally about 1 to 20 mg/kg, preferably about 2 to 10 mg/kg. This demonstrates that when AA was induced in rats by Mycobacteria, after 16 days, when arthritis had developed, some of the rats were inoculated intravenously with line A2 that had been activated with Mycobacteria or with the As fraction. The Mycobacteria treated A2 cells arrested the arthritis, while the AS treated 15 A2 cells induced a full remission of the disease.

Table 5 demonstrates the proliferative responses of peripheral blood mononuclear cells of rheumatoid arthritis (RA) patients and controls, to mycobacterial antigens.

Several different species of mycobacteria were tested . 20 as to whether clones A2b and A2c recognized their differences. One of these, mycobacteria, M. vaccae was recognized in an in vitro proliferation test by the protective clone A2c but not by the arthritogenic clone A2b (Table 6). This finding indicated that M. vaccae was relatively rich in protective 25 antigens and poor in arthritogenic antigens. Accordingly tests were carried out to evaluate the effect of  $\underline{\mathsf{M. vaccae}}$ on adjuvant arthritis (Table 7). The strain of  $\underline{\mathsf{M.}}$  vaccae used was that deposited at the National Collection of Type Cultures (NCTC) Central Public Health Laboratory, Colindale 30 Avenue, London NW9 5HT on February 13th 1984 under the number NCTC 11659. In the first experiments, rats were inoculated with M. vaccae and then a week later adjuvant arthritis was induced by inmunizing the rats with M. tuberculosis. It was found that prior inoculation with M.  $^{35}$  vaccae prevented the development of arthritis. Thus M. vaccae is

effective as a prophylactic vaccine against adjuvant arthritis.

In the second series of experiments, adjuvant arthritis was first induced by immunization with M. tuberculosis and 3 weeks later, when all the rats were suffering from arthritis, some rats were inoculated with M. vaccae in oil, or with oil alone. Those receiving M. vaccae in oil had a remission in arthritis in several days while the control group of rats continued to suffer from severe arthritis (Figure 3).

We have evidence that rheumatoid arthritis patients have T-lymphocytes that respond to the arthritogenic fraction of  $\underline{M}$ .

10 <u>tuperculosis</u> (Taple 5), indicating that similar immunologic processes may occur in both adjuvant arthritis in rheumatoid arthritis.

According to the invention there are also provided compositions for the diagnosis of arthritic diseases and an assay for this purpose, based on the use of whole mycobacteria or on the use of certain

- 15 fractions thereof, obtained by the separation of mycobacteria. Such separation can be effected in a suitable solvent system, whereby there is obtained a soluble fraction and an insoluble one (precipitate).

  Each of these can be futher fractionated and purified, until specifically active substances are obtained. Such fractions can be 20 used for various types of assays for the above purpose, such as:
  - a 1. a lympnocyte proliferation test, or determination of any entity indicative of such proliferation;
  - a 2. indicative of the measure of lymphocyte activation are also changes which can be assayed by standard means so as to establish
- there may be mentioned:
  - a.production of lympnokines (such as interleukin-2 (1L-2);
  - o. gamma interferon;

-3.

- 7 -
- c. migration inhibition factor (MIF);
- d. expression of memorane markers, such as 1L-2 receptor; peanut agglutination receptor.
- e. expression of enzymes such as heparanase:
- b. determination of antibody titer in absolute terms or as a ratio of the values obtained by different fractions, said values or ratios being indicative of the presence or absence of the disease. Quantitative values obtained are of use in establishing the severity of the disease.

For carrying out such assays, there can be provided means in kit form, comprising one or more of the above defined fractions with suitable adjuvants and auxiliary components. Standardized kits with reference and calibration means are of value in the rapid and convenient determination of arthritic disease and its stage and/or severity.

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#### Legend to the figures:

Figure 1: Treatment of Adjuvant Arthritis (AA) Using Clone A2c:

AA was induced in Lewis strain rats by inoculation of MT.

Sixteen and seventeen days later groups of 10 rats each were injected intraperitoneally with 2 x 10 cells of clone A2c (open circles) or central clone Cla (closed circles). The rats were observed for the severity of arthritis on a clinical scale of 1 to 16. Upon examination 6 months later, recipients of clone A2c were free of disease while recipients of Cla had severe ankylosis of the paws.

Figure 2: Treatment of Adjuvant Arthritis by Injection of A2 Line Cells:

Adjuvant arthritis was induced in 30 Lewis rats by active
10 immunization with complete Freund's adjuvant on day 0. On
day 16, after arthritis had developed in all rats, they were
divided into three groups. A control groups of 10 rats
(solid circles) was not treated. A second group of 10 rats
was treated by a single intravenous inoculation of 2 x 10<sup>7</sup>

15 A2 line cells that had been activated using whole mycobacterial organisms (o). The third group of 10 rats was inoculated with A2 line cells that had been activated with the AS fraction (triangles). Severity of arthritis was assessed on a clinical scale of 1 to 16.

Figure 3: Treatment of Adjuvant Arthritis by Injection of M. vaccae Cells

20 AA was induced in Lewis strain rats by immunization with M. tuberculosis and 2 and 4 weeks later, when all the rats were suffering from arthritis, some rats were inoculated with M. vaccae (1 mg.) in oil (incomplete Freund's adjuvant) (open circles) or with the oil alone (solid circles). Severity 25 of arthritis was assessed on a clinical scale of 1 to 16.

- 9 -

T-Lympnocyte line A2 and clones Azo and Azc T-lympnocytes Recipient Line-mediated A4 Induced by MT 35 days after  transferred rats artnritis Line transfer  (2x10 <sup>7</sup> ) Irradiated  (750R)							
Amphnocytes         Recipient         Line-mediated         AM induced by MT 35 days after           107)         irradiated         Arthritis         Line transfer           107)         irradiated         A incidence wean day         Duration           (750R)         A incidence wean day         Duration           (no.rats)         of onset         (days)           e         Nb         Nb         All (42)         12.9         56           No         No         0 (69)         -         -         -           Yes         Yes         0 (38)         -         -         -           No         No         91 (22)         13.7         53           Yes         Yes         93 (14)         13.9         54           No         No         0 (15)         -         -           Yes         No         0 (15)         -         -	T-1ymp	nocyte line	A2 and clones	A'zo ano A'zo			
1	T-lympnocytes	Reciplent	Line-mediated	AA induced b	y MT 35 day	/s after	
10 <sup>7</sup> ) irradiated  (750R)	transferred		artnritis	line transfe	¥		
(750R)         % Incidence Mean day         Duration (no.rats)         Of onset         Clays)           e         'Nb         89 (76)         12.9         56           Yes         Nb         81 (42)         13.6         55           Nb         Nb         0 (69)         -         -           Yes         Yes         91 (22)         13.7         53           Yes         Yes         93 (14)         13.9         54           Yes         Nb         0 (15)         -         -           Yes         No         0 (15)         -         -		rradiated	•				
e No No 89 (76) 12.9 56 Yes No No 0 (69) - 13.6 55 No No 0 (69) - 13.6 55 No No 0 (38) - 13.6 53 No No 91 (22) 13.7 53 No No 0 (15) - 13.9 54 No No 0 (15) - 13.9 54 Yes No 0 (15) - 1		(750R)		% Incidence	Mean day	Duration	Clinical
Holina No 89 (76) 12.9 56  Yes No 81 (42) 13.6 55  No No 0 (69)				(no.rats)	of onset	(days)	Arthritis
Yes         No         81 (42)         13.6         55           No         No         0 (69)         -         -           Yes         Ves         0 (38)         -         -           No         No         91 (22)         13.7         53           Yes         Yes         93 (14)         13.9         54           No         No         0 (15)         -         -           Yes         No         0 (15)         -         -	None	. <del>2</del>	2	(92) 68	12.9	56	Severe
No         No         0 (69)         -<		Yes	2	81 (42)	13.6	55	Severe
Yes         Yes         0 (38)         -         -           No         No         91 (22)         13.7         53           Yes         Yes         93 (14)         13.9         54           No         No         0 (15)         -         -           Yes         No         0 (15)         -         -	A2	2	2	(69) 0	ı	·	None
No         No         91 (22)         13.7         53           Yes         Yes         93 (14)         13.9         54           No         No         0 (15)         -         -           Yes         No         0 (15)         -         -		Yes	Yes	0 (38)	1	ŧ	None
Yes Yes 93 (14) 13.9 54 No No 0 (15) Yes No U (15)	AZD	2	2	91 (22)	13.7	53	Severe
No No 0 (15)		Yes	Yes	93 (14)	13.9	54	Severe
ND U (15)	A2c	2	Q	0 (15)	ı	ı	None
		Yes	2	0 (15)	ı	ı	None

was induced by an intradermal injection of killed Mycobacterium tuberculosii organisms 2xl0<sup>7</sup> cells of line A2 or cloned sublines A2b or A2c-10. 35 days later active AA in oil (MI). Control groups consisting of irradiated or non-irradiated rats were Irradiated (750R) or non-irradiated Lewis rats were injected intravenously witn injected with MI 35 days after irradiation.

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TABLE 1:Production and/or prevention of adjuvant arthritis (AA) by

Responses of clones A2b and A2c to antigens

TABLE: 2

Clone	In vivo effect	Response to antigens	antigens		
	i	Whole AP AS Cartila mycobacteria proteog	AP	AS	Cartilage proteoglycan
			i		
83	arthritogenic	+	+	1	+
AZc	protective,		+!	+ .	+
	therapeutic	·			

Rapbit antibodies to AP or AS recognize joint cartilage TABLE 3:

Rabbit antiserum	Immunofluorescent staining of joint cartilage	Inhibition of staining with proteoglycan
Tormar		
anti-AP	. IgG	Yes
anti-AS	MÔI	Yes

\_ 11 \_

TABLE 4: Active Immunization to AS Protects Rats against AA

MIT ATBILLT !	Primary immunization	Secondary challenge with
		The state of the s
Inoculum in oil	% incidence of	"ycongcretta III OII (MI)
l mg	arthritis	% incidence of arthritis
Mycobacteria	100	0
Water	0	. 100
AS	0	0

rneumatoid arthritis (RA) patients and controls to mycobacterial antigens Proliferative responses of peripheral blood mononuclear cells of TABLE 5:

	<del>2</del>	Mean stimulation index	ation ir	dex	Significan	Significant response to* Ratio of	Ratio of
	of.	PPD	AP	æ	AP	AS	responses
	patients						AP: AS
Group	٠			·			-
RA	17	18.4	13.6	1.2	13.6 1.2 14/17	71/0	11
Osteoarthritis 12	12	15.0	5.6	7.0	7/12	8/12	9.0
Normal		13.2	3.9	4.9	8/4	2/8	0.8
controls			•				

\*Stimulation index > 2.0

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TABLE 6: Therapeutic clone A2c recognizes M. vaccae, arthritogenic clone A2b does not.

Clone		In vitro p	In vitro proliferation response	
		(H <sup>3</sup> -thymic	$(H^3$ -thymidine incorporation, cpm x 10 <sup>-3</sup> )	$\times$ 10-3)
	2	antigen	No antigen M. tuberculosis	M. Vaccae
AZb	2+1		6+5	4+1
A2c	<b>]</b>		62 <u>+</u> 6	6+09

Clones A2b and A2c were assayed for their in vitro proliferative responses to per well,  $H^3$ -thymidine incorporation for 18 h, after 24 h of incubation). M. tuberculosis or M. vaccae organisms in a standard test (2.5x10<sup>4</sup> clone cells,  $2 \times 10^6$  irradiated accessory cells and 2 ug of mycobacteria extract Results are expressed as cpm.

TABLE 7: Treatment with M. vaccae Induces resistance to adjuvant arthritis.

Treatment	Arthritis induced by	ced by
	M. tuberculosi	M. tuberculosis 3 months later
	Incidence	Clinical grade
Oil (control)	100%	Severe
M. vaccae in oil	Š	

arthritis was tested by inoculating the rats with M. tuberculosis (1 mg) in (control). Three months later, susceptibility to induction of adjuvant M. vaccae (1 mg) in oil (incomplete Freund's adjuvant) or by oil alone Groups of 13 Lewis rats were treated by intracutaneous inoculation of

oll.

#### CLAIMS

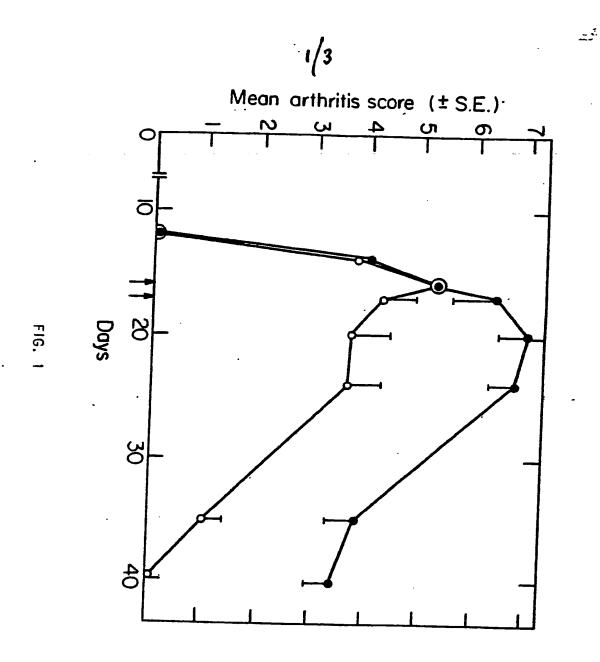
- 1. A composition for alleviation of the symptoms of and for the treatment or diagnosis of arthritic diseases which comprises, as active ingredient, a mycobacterium or a fraction or secretion thereof.
- 5 2. A composition according to claim 1, wherein the mycobacterium is M. vaccae.
- A composition according to claim 1 or 2 comprising a portion obtained by fractionation of such mycobacteria in a suitable solvent system, and separating therefrom a soluble fraction used as active component, or a secretion of such mycobacteria into a culture medium.
  - 4. A composition according to claim 3, wherein the solvent system for fractionation is an acetone/water mixture.
- 5. A composition according to claim 4, wherein the solvent system used for fractionation is an acetone/water mixture of about 2/1 by volume.
  - 6. A composition according to claim 2, wherein the active ingredient is the whole organism of  $\underline{M}$ . vaccae.
- 7. A composition according to any of claims 1 to 6, in the form of an injectable preparation, as oral dosage form, or as dosage form applicable to any body cavity.
- A composition according to any of claims 1 to 7, wherein the active ingredient is present together with
   an adjuvant.
  - 9. A composition according to any of claims 1 to 8, wherein the active ingredient is in unit dosage form, containing from about 2 mg to about 10 mg/kg weight of the patient.
- 10. A composition according to any of claims 1 to 9, for use in therapy for the immunization against, and for the treatment of, arthritis.
- 11. A composition according to any of claims 1 to 9, for use in therapy for the diagnosis of arthritic diseases

  35 by determination of lymphocyte proliferation; determination

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of any entity indicative of such proliferation; or determination of antibody titre.

- 12. A composition according to claim 11, comprising a soluble and/or non-soluble fraction of a mycobacterium, which may be further separated or purified.
  - 13. A composition according to claim 11 or 12, wherein the determination is effected by measuring absolute values or the ratio of values obtained by the use of different fractions.
- 10 14. A composition according to claim 11, 12 or 13, for the determination of the presence or absence of an arthritic disease, and/or its severity, in kit form, comprising such fraction or fractions with required adjuvants and auxiliaries and with calibration means.
- 15. A method for the alleviation or treatment of arthritic disease or a related condition which comprises administering to a patient suffering therefrom or subject thereto an effective amount of a composition as claimed in claim 1.
- 16. A method of the diagnosis of arthritic disease or a related condition which comprises determining lymphocyte proliferation or any entity indicative of each proliferation or determining antibody titre, using in such determination a composition as claimed in claim 1.
- 17. A method as claimed in claim 15 or 16, wherein the composition is as claimed in any one of claims 2 to 14.



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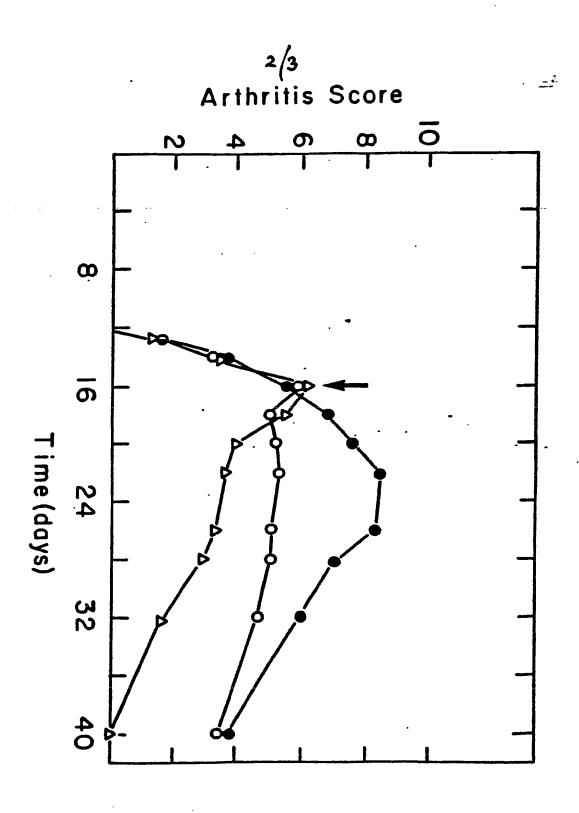
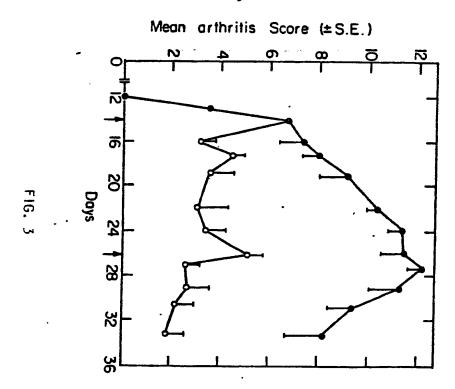


FIG. 2

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#### international search report

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page 12, lines 14,17	•	17
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lymphocytes to mycoba	cterial or fungal	
antigens by co-stimul	ation with antigens	
from various mycobact	erial species", see	1-14, 16,17
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logy, 44(3); 593-598,	1981	
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A	FR,	A, 2184531 see claims	(A.N.V.A.R.) 28 December 197	1-14,16,1
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	national search report has not been established in respect of certain claims under Article 17(2) (a) for	
1.K Clai	m numbers 1.5 1.7 because they relate to subject matter not required to be searched by this Authori	ry, namely:
M	ethods for treatment of the human or animal body	
by	surgery or therapy, as well as diagnostic methods. PCT	Rule 39.1(
90	) claim 17 partially not searchable	
2. Clai	m numbers, because they relate to parts of the international application that do not comply wit ts to such an extent that no meaningful international search can be carried out, specifically:	h the prescribed req
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_	n numbers, because they are dependent claims and are not drafted in accordance with the secon Rule 6.4(a).	d and third sentence
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## ANNEX TO THE INTERNATIONAL SEARCH REPORT ON

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This Annex lists the patent family members relating to the patent documents cited in the above-mentioned international search report. The members are as contained in the European Patent Office EDP file on 19/08/85

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